



Managed by  
Northern Trust

# SYSTEMATIC WITHDRAWAL PLAN

For assistance in completing this form, please contact the Northern Funds Center at **800-595-9111** weekdays from 7:00 a.m. to 7:00 p.m. Central time. Please mail your form to: Northern Funds, P.O. Box 75986, Chicago, IL 60675-5986.

Please print all information.

## 1 PROVIDE YOUR INVESTOR INFORMATION

OWNER'S FIRST NAME	MIDDLE INITIAL	LAST NAME
OWNER'S SOCIAL SECURITY NUMBER		
JOINT OWNER'S FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS		
CITY/STATE/ZIP		
TELEPHONE NUMBER (DAYTIME)	TELEPHONE NUMBER (EVENING)	
E-MAIL ADDRESS		

## 2 CHOOSE YOUR SYSTEMATIC WITHDRAWAL PLAN

A Systematic Withdrawal Plan is available for any Northern Funds account with a minimum balance of \$10,000. IRA account owners should complete an IRA Distribution Request Form to make a withdrawal from a retirement account.

- Establish a Systematic Withdrawal Plan for an existing account, identified below.
- Establish a Systematic Withdrawal Plan for a new account. *(This form must be accompanied by a New Account Application.)*

Please complete the information below:

ACCOUNT NUMBER <small>(If existing)</small>	AMOUNT	FREQUENCY <small>(Indicate Monthly, Quarterly, Semiannually or Annually)</small>	START DATE <small>(Please choose a start date no later than the 29th; if no date is selected, the 1st will be used.)</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 2 CHOOSE YOUR SYSTEMATIC WITHDRAWAL PLAN *continued*

### PAYMENT ADDRESS:

- Send the withdrawal payment to my account address.  
 Send the withdrawal payment to the following\*:

NAME OF PAYEE/NAME OF FINANCIAL INSTITUTION\*\*

ADDRESS

CITY

STATE

ZIP

ACCOUNT NUMBER (IF APPLICABLE)

ROUTING NUMBER

\* Payment is to be sent somewhere other than the address of record or to someone other than the account owner. (Medallion signature guarantee required. See Step 4 for more information.)

\*\* If payment is to be sent to a financial institution other than Northern Trust, a voided check or deposit slip should be attached.

## 3 SIGN YOUR NAME

All account owners or trustees must sign below. For UGMA/UTMA accounts, the custodian must sign. Please sign exactly as your name appears on your account.

- I authorize Northern Funds to redeem shares in my account to make Systematic Withdrawal Plan payments. I understand that payments will be made by redeeming the appropriate number of shares in the account at the net asset value next determined. Redemptions will be made on the first business day of each month.
- I understand that the reinvestment of dividends is recommended while the Systematic Withdrawal Plan is in effect. Also, I understand that withdrawal payments should not be regarded as income or yield on my investment, since a part of each payment will normally consist of a return of capital. Depending on the size and frequency of my payments and the fluctuation in value of a Fund's portfolio, using the Plan may reduce or even deplete my account.
- I understand that it may take up to 15 business days to establish this privilege, and up to five business days to end it or revise it. The plan is unrenuable by Northern Funds at any time upon 60 days written notice.

SIGNATURE

PRINTED NAME

DATE

SIGNATURE

PRINTED NAME

DATE

## 4 MEDALLION SIGNATURE GUARANTEE

A Medallion signature guarantee is required if payment is to be sent somewhere other than the address of record or to someone other than the account owner.

You can obtain a Medallion signature guarantee from a commercial bank or trust company, a member firm of a national stock exchange, or from an eligible guarantor institution as defined by the Securities and Exchange Commission.

SIGNATURE GUARANTEED BY:

AFFIX SIGNATURE GUARANTEED STAMP

NAME OF BANK OR FIRM

SIGNATURE OF OFFICER AND TITLE